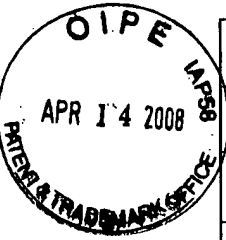


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AMENDMENT TRANSMITTAL LETTER					Docket No. OHK-0010																																																		
Application No. 10/550,546-Conf. #1926		Filing Date September 26, 2005		Examiner A. S. Bayou																																																			
					Art Unit 4147																																																		
Applicant(s): Satoshi WATANABE et al.																																																							
Invention: RECIPROCATING COMPRESSOR																																																							
<p align="center">TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"><thead><tr><th colspan="7">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th colspan="2">Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>5</td><td>- 20 =</td><td>0</td><td>x</td><td>50.00</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>1</td><td>- 3 =</td><td>0</td><td>x</td><td>210.00</td><td>0.00</td></tr><tr><td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="6">Other fee (please specify):</td><td></td></tr><tr><td colspan="6">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>0.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <p align="right">Dated: <u>April 14, 2008</u></p> <p><u>Carl Schaufkowitz</u> Carl Schaufkowitz Attorney/Agent Reg. No.: 29,211</p> <p>RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750</p>							CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			Total Claims	5	- 20 =	0	x	50.00	0.00	Independent Claims	1	- 3 =	0	x	210.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							Other fee (please specify):							TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00
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